MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 1539186

FILING DATE

APPLICANT(S)

CLA	$\overline{\mathbf{M}}$	1S

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1*AMENDMENT		AFTER 2 MAMENDME	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	,	IND.	DEP.	IND.	DEP.	IND.	Di
1							51						
2							52						
3				-			53						
4				-			54						
5			_				55						ļ
6				$\vdash\vdash\vdash$			56						
- 7 -8							57	-					
9				 			58 59						<u> </u>
10							60						-
11		-		\Box			61				<u> </u>		_
12							62						-
13							63						<u> </u>
14	_			'			64	-					<u> </u>
15							65						
16_							66						
17							67						
18							68						
19							69						
20							70						
21		<u> </u>				<u> </u>	71						
22				igsquare		ļ	72						<u> </u>
23				\square			73						
24		ļ		\vdash			74						
25							75						
26 27				+		-	76 77						
28				 		 	78	7			-		
29	-						79						
30							80						-
31							81						
32				1			82						
33							83						
34							84						
35		097	/				85						
36							86						
37							87						
38							88						
39						<u> </u>	89		<u> </u>				<u> </u>
40							90						1
41	<u> </u>			ļ			91		<u> </u>	}	-		
42				 			92				 		├
43						 	93 94		 -	}			\vdash
44		-		-		 	95		-		 		├
46				 		 	96				 		\vdash
47		-		 		 	97						\vdash
48						 	98						\vdash
49							99						\vdash
50							100						
FOTAL			2				TOTAL				-		
IND.		」 ▼	3	」 ▼ [」 ▼	IND.		▼		」 ➡ │		J 🔻
TOTAL DEP.		4	25	(4)		(=	TOTAL DEP.		(l V	(+
TOTAL CLAIMS			28	14. V 1. Mg			TOTAL						
WIM2							CLAIMS		U.S. DEPAR				S. 44 V.